of Califor 19—Health and Welfare Agency Spprove 11 MB Mo. 2050—0039 (Expires 9-30-91) Stare of Calife Force Approve See Instructions on Back of Page 6 Department of Health Services and Front of Page 7 Toxic Substances Control Division Sacramento, California Ph.asii prini (Form designed for use on elite (12-pitch typewriter). ORM HAZARDOUS 1. Generator's US EPA ID No Manifest 2. Page 1 Information in the shaded creas Document No. WASTE MANIFEST CAL 000 1027 360 is not required by Federal law. A. State Manifest Document Number 88681 1866. S. MAIN STREET, GARDENA, CA 90243 B. State Generator's ID 4. Generator's Phone (21/3 321-8380 5. Transporter 1 Company Name OMEGA RECOVERY SERVICES CALL 1-800-852-7550 C. State Transporter's ID D. Transporter's Phone 213 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID OMEGA RECOVERY SERVICES 040041212415001 12504 E. WHITTIER BLVD WHITTIER, CA 90602 | 042 | 245 | 001 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Waste No. Quantity Type WASTE METHYL ETHYL KETONE, FLAMMABLE LIQUID State 212 UN 1193 EPA/Other F003 1-800-424-8802; State EPA/Other State EPA/Other CENTER d. State **EPA/Other** CALL THE NATIONAL RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above a. C 15. Special Handling Instructions and Additional Information PROFILE NUMBER B 10432 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and EMERGENCY OR SPILL. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the practicable method of treatment, and future threat to human health and the environment; OR, if I am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Signature Month Day 22.TT 17. Transporter 1 Acknowledgement of Receipt of Materials Z Printed Typed Name Signature Day Month Year Sobreat I CAMBEON 6 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space A 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Month Year 696

Do Not Write Below This Line